



CEMETERY COMPANY'S ANNUAL REPORT

On Merchandise & Services Trust

STATE OF TENNESSEE
DEPARTMENT OF COMMERCE AND INSURANCE
BURIAL SERVICES
500 JAMES ROBERTSON PARKWAY, SECOND FLOOR
NASHVILLE, TN 37243-1145
Office: 615-741-5062; Fax: 615-532-1903
www.state.tn.us/commerce

NOTE: This report is due seventy-five (75) days after the close of each FISCAL YEAR of the cemetery company. Mail completed form to the address above.

For the fiscal year beginning _____, 20 ____ and ending _____, 20 ____.

I. GENERAL INFORMATION

1. Name of cemetery: _____
2. Location (County and City): _____
3. Cemetery's mailing address: _____

4. Name of person in charge: _____ Telephone: _____
5. Name of company to which cemetery is registered: _____
6. Name and address of Trustee of Merchandise & Services Trust Fund: _____

7. Date of trust agreement or renewal: _____ Is a copy on file with the state? YES ☐ NO ☐

II. TRUST AND SALES DATA

1. Beginning balance (Ending balance from previous report) \$ _____
2. Sum of deposits required by law for this period: \$ _____ *
- a. Amount actually deposited for this period \$ _____
- Amount of deficit for this period (2 minus 2A) \$ _____
- b. Sum of deposits for other periods For what period _____ \$ _____
3. Earnings realized this period: \$ _____
(from trust account statements or trustee's report)
4. Amount withdrawn this period pursuant to deliveries \$ _____
and/or cancellation of Merch. & Services
5. Amount withdrawn pursuant to the "120% rule" \$ _____
6. Ending balance (lines 1 + 2A + 2B + 3 - 4 - 5) \$ _____

* Deposits required are based on procurement costs (check one):

- ☐ when sales were made, or
☐ as of _____, 20 ____.

(OVER)

III. MEMORANDA FOR RECONCILIATION

List all deposits to the merchandise and services trust fund received from the cemetery during this period. (These deposits should equal Section II, 2A and 2B)

DATE/AMOUNT	DATE/AMOUNT	DATE/AMOUNT	DATE/AMOUNT

NOTE: A COMPLETE LISTING OF THE PROCUREMENT COSTS, INCLUDING TRANSPORTATION AND LABOR, OF ALL MERCHANDISE AND SERVICES SOLD PRE-NEED AND YET TO BE DELIVERED AFTER THE REPORT YEAR ENDS MUST BE ATTACHED.

Please verify these items by simply noting on the items that they are verified by you. [Ref. § 46-2-403(e)]

COUNTY OF _____

I, _____ of _____

do hereby state that the information contained in this annual report is true and correct to the best of my knowledge and belief.

(Signature)

(NOTARY SEAL)

Sworn to and subscribed before me this _____ day of _____, 20 _____.

My commission expires: _____ Notary's Signature: _____

IN- (Rev.)